



18485 Bethpage Drive, Lewes, DE 19958 | Phone: 302-703-6662 | Fax: 302-347-8278
www.AmericanClassicGolf.com

PASS APPLICATION

DATE: _____

NAME: _____ MALE: ____ FEMALE: ____

NAME: _____ MALE: ____ FEMALE: ____

PASS CATEGORY: SINGLE: ____ FAMILY OF TWO: ____

PASS TYPE: YEAR: ____ RED - 1 MONTH: ____ WHITE - 2 MONTHS: ____ BLUE - 3 MONTHS: ____ JUNIOR: ____

ADDRESS: _____ APT #: ____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ EMAIL: _____

SIGNATURE: _____

PAYMENT OPTIONS

PAY BY CHECK:

Please make your check payable to: American Classic Golf Club, LLC
1845 Bethpage Drive, Unit 1, Lewes, DE 19958

PAY BY CREDIT/DEBIT CARD:

CARD TYPE: ____ Visa ____ MasterCard

CARD #: _____ EXP. DATE: ____/____ AMOUNT: \$ _____

Credit/debit card billing address same as above: Yes No

BILLING ADDRESS: _____ APT #: ____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ DATE: _____